

PO BOX 295  
TRENTON NJ 08625-0295

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY — DIVISION OF PENSIONS & BENEFITS  
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST

PERSONAL  
CONTRIBUTION

THIS FORM MAY **NOT** BE USED FOR TAX SHELTERED SUPPLEMENTAL ANNUITY.

Participants who are contributing through payroll deductions may also make lump sum contributions in the last month of any calendar quarter in dollar amounts of \$50 or more. However, participants may not contribute in excess of 10% of their base salary by lump sum contributions and payroll deductions combined, in any year. Personal contributions may only be submitted during the third month of any calendar quarter (i.e.: March, June, September, December) and become effective the last day of the month.

I, \_\_\_\_\_  
LAST FIRST MIDDLE  
\_\_\_\_\_  
SOCIAL SECURITY NUMBER MEMBERSHIP NUMBER  
\_\_\_\_\_  
RETIREMENT SYSTEM

forward a \_\_\_\_\_ Check \_\_\_\_\_ Money Order, in the sum of \$ \_\_\_\_\_  
to be credited to my account with the Supplemental Annuity Collective Trust of New Jersey.

\_\_\_\_\_  
SIGNATURE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE

Make all checks payable to: Supplemental Annuity Collective Trust — Regular

FOR USE BY THE DIVISION OF PENSIONS AND BENEFITS ONLY

Received by Cash Receipts:

\$ \_\_\_\_\_  
AMOUNT DATE CASH RECEIPT NUMBER

PERSONAL CONTRIBUTION CONFIRMATION

\_\_\_\_\_  
EFFECTIVE DATE ADMINISTRATOR'S SIGNATURE DATE

WHITE — ADMINISTRATOR CANARY — LOCATION PINK — MEMBER